

First 5 California Annual Report Form

PART 1

FISCAL YEAR 2004-05

COUNTY COMMISSION NARRATIVE

First 5 – Placer Children & Families Commission



<http://placer.networkofcare.org>
www.placer.ca.gov/cfc

County Commission Narrative Form

Please note that your evaluation technical assistance coach can help you collect and prepare much of this information. Please use the headings and subheadings provided when entering the information.

1. **County Commission's Priorities in Strategic Plan.** (Please limit your response to this question to **one page**.)

- a. Describe the **major issues** and/or needs facing children and families in your county as identified in your **strategic plan**. Include demographic and geographic context, as well as needs identified through County Commission needs assessments. Your response may include the same information reported last year. Please summarize the information or data used to identify these issues.

The major issues and needs of this population in our county coincide with the five strategic result areas in Placer's strategic plan. Thus, during this report period, First 5 - Placer continued to provide services and supports in the following five primary areas:

- *Improved Family Functioning - Strong Families. This includes traditional and services as well as enrichment activities.*
- *Improved Child Development - Children Learning and Ready for School. This includes a healthy pregnancy and continues with parents' attention to the child's developmental experiences.*
- *All Children are Healthy. In this area health is broadly defined as health and wellness and includes all aspects of physical and mental health for all children and their families.*
- *Comprehensive Child and Family Partnerships - Systems Change. This keeps a focus on the power of communities to systemically organize to create and/or change policies and practices that will better serve children and families. The emphasis is on forming partnerships and sustainable formal and informal networks of care and support.*
- *Supportive and Nurturing Environments - The greater community will be supportive in providing safe, healthy, nurturing and appropriate environments for families, which promote positive child development and learning.*

- b. Describe the **funding priorities** in your **strategic plan** that have been focused on in the past fiscal year (July 1, 2004 - June 30, 2005). These may include desired results related to systems of care, child and family outcomes, or outcomes for specific populations or communities.

Fiscal year 2004-05 was the first year of the commissions' new three-year Strategic Plan. The commission once again prioritized its actions across five strategic result areas in the Strategic Plan. The programs that were prioritized by the commission are listed below:

Strategic Result Area #1: Improved Family Functioning

- **Chana High School Teen Parent Program**
Provides a child development center for teens and adults enrolled in completing their education. The center provides mentoring for parenting skills.
- **Golden Sierra Life Skills – Men Infants and Children Program**
Provides parenting classes for fathers and father figures of children 0-5 – offered in both English and Spanish.
- **PEACE for Families – Early Childhood Development**
Supports a child development component for children and their mothers in the domestic violence shelter.
- **Superior Court High Conflict Family Court Calendar**
Consistent family intervention for high conflict families dealing with custody issues of children ages 0-5.
- **University of California at Davis Early Literacy Program**
Provides educational opportunities and information to parents, providers and the public on early literacy.

Strategic Result Area #2: Improved Child Development

- **Advocacy Resources and Choices - Baby Steps**
Inclusive playgroup for both typically developed children and children with special needs Ages 0-3.
- **Bobbi Brown's Music Program**
Music program for children with autism that are enrolled in nine of the PCOE Special Day Preschool classes
- **Placer Office of Education - Child Care Services**
Provides resources and referral services for Placer County childcare providers. Additionally, they recruit, train, provide mentoring, and accreditation support for those working in the childcare field.
- **Placer Office of Education Special Needs – Equipment and Supplies**
Supports teachers serving the preschool aged children with special needs by providing materials and manipulatives to enhance their classes.
- **Rocklin Unified School District – Inclusive Preschool**
Provides an inclusive preschool setting for both typically developing children and children with special needs.

Strategic Result Area #3: All Children Are Healthy

- **Breastfeeding Coalition of Placer County**
Support over the phone and in a clinic setting for breastfeeding women in Placer County.
- **Multi-Disciplinary Interview Center**
A "child-friendly" interview center for children that are suspected victims of felony child abuse.

- **University of California at Davis Nutrition Coalition**
Provides educational opportunities and information to parents, providers and the public on proper nutrition.
- **Safe Kids Coalition – City of Roseville**
Safety education for children enrolled in preschool and kindergarten classes.
- **Sutter Auburn Faith Foundation’s Baby Track Immunization Program**
Immunization tracking and resource referral for babies born at Sutter Auburn Faith and Sutter Roseville Hospitals.
- **Tahoe Truckee Dental Program**
A regional children's dental health program that assists in the treatment of the most severely affected children and creates a comprehensive, collaborative program of prevention education and outreach for all children in the region.

Strategic Result Area #4: Community Partnerships

- **More Than Words Autistic Spectrum Disorder Program**
Training for parents of preschool children with autism while focusing on improvement in communication.
- **Early Childhood Relationship Support Project**
A collaboration of agencies working to provide early identification and follow up relationship and mental health services to children 0-5 and their families.
- **Kings Beach Family Resource Center**
A resource center for all families in the Kings Beach and Tahoe Region.

Strategic Result Area #5: Supportive Environments

- **The KidZone – Family and Child Play & Learning**
An indoor play structure and museum exhibits for the Tahoe Region that also includes services provided through an onsite family resource center.
- **Child Abuse Prevention Council Home Visiting**
Home visiting for families with children 0-5 throughout Placer County to provide support with child development, health and other information parents may need.
- **Placer Superior Court Facilitator’s Office**
Provides legal support for parents dealing with divorce, child custody issues, and other family law problems.

2. Primary Activities and Programs, by Funding Priorities. (Please limit your response to this question to **five pages**.)

- a. **Check the box(es)** below if your County Commission participated in any of the following statewide initiatives sponsored by First 5 California during fiscal year 2004-05.
- ☒ School Readiness Initiative
 - ☐ Preschool for All
 - ☐ Health Access for All Children
 - ☒ Comprehensive Approaches to Raising Educational Standards (CARES)
 - ☐ Special Needs Project

- b. For each of the key **funding priorities named above in Section 1**, please describe below: (1) the primary activities and accomplishments of your County Commission in fiscal year 2004-05, and (2) key outcomes for children, families, providers, and communities.

Provide description below.

Strategic Result Area: Improved Child Development

School Readiness Program

The First 5 Placer School Readiness program, Making Connections, focuses on the Kings Beach Elementary school neighborhood on the North Shore of Lake Tahoe, and is coordinated from an office on the Kings Beach Elementary school campus.

Making Connections addresses all of the five essential and coordinated elements in the state school readiness initiative through, collaborative partnerships, with a specific emphasis on language and literacy development.

The language and literacy development aspect is ultimately targeted at the children, although the program delivery often focuses on providing resources and support to the families (improved family functioning).

The program has been tailored to meet the needs of the families in the Kings Beach community, including those that deal with the many risk factors that initially identified Kings Beach as a School Readiness site. These include, low-maternal education levels, high teen pregnancy rates, second language issues, social and cultural isolation, all compounding the daily struggle these family's have in meeting basic needs. As stated above, many of the services and resources are directed at the adults in the families to provide them with the tools, resources and opportunities they need to be their child's 'first and most important teacher', and in that regard, indirectly supports the children. There are, however, important aspects of Making Connections such as Kinderclub, and the early literacy events and family literacy activities, which provide valuable direct services to children.

Collaboration between Kings Beach Elementary and the Boys and Girls Club of North Lake Tahoe through Making Connections, created Kinderclub, which provides Kindergartners with a safe, structured and enriching environment to stimulate their language and literacy development, as well as their social and emotional growth. The early literacy events, such as, Happy Birthday, Dr. Seuss! targets all the young children in the community and their parents or caregivers. And, the family literacy classes provide activities for both parent and child.

The efficiency and effectiveness of all of the school readiness work Making Connections achieves requires a high level of cultural competency. Developing direct connections with community members has helped shape the programs as well as their delivery.

This includes everything from the language spoken to where and when the programs are offered. Although Spanish is the primary language of many of the families with young children in the Kings Beach community, it is not enough to simply translate the materials. Everything is customized to meet the needs of the targeted groups. Language is critical, and so is considering family dynamics and the family's cultural values.

Of course, the ultimate goal of all SR programs, including Making Connections, is to have all our children happy, healthy and ready to succeed when they enter Kindergarten. To that end, the program advocates for the parents in the community to be more confident as, and have the resources and support they need, to be 'their child's first and most important teacher.' Along those lines, parents need on-going support as they raise their children, and First 5 will not always be there, so an emphasis is put on making the First 5 message and the necessary support sustainable beyond First 5 resources.

Outcomes: Children will demonstrate increases at appropriate developmental levels necessary for school success. Families will have the capacity to support their child's appropriate development. Informal support networks exist for parents supporting their child's appropriate development.

Through dedicated collaborative efforts, the following activities and/or resources are offered: Family Advocacy, Adult Education, Early Childhood Enrichment Opportunities, Kinderclub, Reach Out and Read, and Strengthening Preschool/Kindergarten connections for children, parents and staff; focusing on both transitions and articulation

Making Connections depends on the specific expertise of each of its collaborative partners, while providing the opportunity for cross training or staff development around the issues of child development and language and literacy development.

Making Connections works diligently to provide programs and resources that meet the changing needs of the community through: Community outreach and participation/leadership (i.e., Promotoras), Collaboration in family support and advocacy, Family-centered/Asset-based approaches, and Staff development and cross-training

The following are examples of positive impacts the Making Connections program has had on children, families, and the community: Evidence of enhanced collaboration between partners around target families and SR essential elements, especially language and literacy development ("There has been more direct, concrete action/results from this collaborative than any other in such a short time!"); there is an increasing number of families and/or children participating in all aspects of the Making Connections programs; the Kings Beach Elementary principal and staff report a noticeable overall increase in general readiness levels at the beginning of the school year.; and Kindergarten teachers report a noticeable difference in the progress of the children they referred that regularly attended Kinderclub, and several SR activities

have inspired parents to create on-going relationships, such as informal playgroups, outside the program.

Depending on the aspect of the program and the level of participation of the families, different tools were used to track progress: Quantitative demographic data, as aggregate or core Participant data is collected, Placer Outcome Screens, participant and provider questionnaires, MDRDP/KEP results, and photos and anecdotal stories and informal observations.

Strategic Result Area: Improved Child Development

CARES Project

The CARES Project also known as CRI (Compensation and Retention Initiative) is administered by the Placer County Child Care Local Planning Council. The program is a stipend program for early childhood educators. The project addresses the need to retain and increase the education and professional growth level of all licensed early childhood educators.

The program's three primary outcomes are to stabilize the early childhood educators' workforce, to increase the education level of staff, and assist the staff in obtaining a Child Development (CD) Permit from the Commission on Teacher Credentialing. This focus is centered on creating a well-educated, dedicated, stable, early childhood education workforce. This will ensure healthy, developmentally appropriate environments for all children.

To meet the needs of the diverse population of providers, a Spanish speaking/bilingual Resource Specialist from the resource and referral program, partners with the CARES program to assist with translation of written materials as well as verbal translation. A Spanish speaking/bilingual support group continues.

An annual child development conference has been hosted each year by a collaborative group of agencies. Every attempt has been made to offer translation for the event. The UC DAVIS "Family Child Care at its Best" was offered in Spanish. Extensive outreach has been done in school areas with low API scores. The CARES/CRI program also has a focus on system change, with an expected outcome that all CARES participants have applied or obtained a CD permit by end of program year 2004-05.

The CARES program in Placer County is a collaborative effort with many agencies participating in the training and education component. Sierra Community College has been a very good partner in meeting the educational needs of the participants. The college has been considerate in scheduling class times. Fast track and contracted Ed. classes have also been available. Classes have been offered at convenient locations and times that meet the needs of the workforce. Other collaborative training partners include the Resource and Referral Program, PCOE SELPA department, local UC Extension program, Public Health Department, as well as other First 5 funded

partners. Professional growth opportunities are available on an ongoing basis, locally, as well as other professional growth opportunities offered statewide.

The staff administering this program is dedicated to creating a stable quality workforce. All the staff are Child Development professionals with knowledge in best practices as well as knowledge of the education and training system and the credentialing system. One staff member is dedicated to data collection for the project. The data is collected through the application process and review of staff retention over the life of the project. The CARES program is aware of the barriers early childhood educators face regarding work schedules, etc. Every effort is made to offer trainings and classes at times that providers can attend (nights and weekends etc.).

CARES Program Year 2004/05 Statistics:

- *167 participants received a stipend check for completing the requirements of the program, which included applying for or obtaining a child development permit;*
- *97 child development permits were applied for or obtained in program year 2004-05;*
- *69 participants received a bonus stipend for completing all 4 years of the program;*
- *14 participants received a bilingual bonus stipend*

Participants in the program are very willing and enthusiastic to participate in the program. They share their feeling of being professional and the importance of the work they do. Their desire to create the best possible environments for the children and families they serve.

Continue descriptions of activities, accomplishments, and outcomes for additional priorities and initiatives as needed below.

3. Promoting Equitable Access and Outcomes. Please answer (in no more than **one** page) the following questions:

- a. Has your County Commission formally adopted the Principles on Equity?
☐ Yes ☒ No
- b. What communities in your county have been historically underserved (e.g., specific ethnic or linguistic groups, families with children who have disabilities or other special needs, geographically isolated families)?

Historically, the Spanish-speaking population in Placer County has been underserved, and particularly Spanish-speaking families in the Lake Tahoe area.

- c. What strategies has your County Commission used to reach each of the communities or groups mentioned above?

One strategy the commission used to serve the Spanish-speaking community was to train Spanish-speaking childcare providers. Another strategy was to implement a dental program for the Spanish-speaking population that trains people from the community to conduct outreach, deliver the dental health messages, and connect families with treatment services. This program's approach is consistent with the Commission's emphasis on training community members to train the parents in the community (instead of an "outsider" coming in). Whether the topic is dental health, mental health, evaluation or music, a core principle is to design and deliver sustainable programs and services. By identifying and using skilled people that match local culture and language instead of relying on outside "experts" the Commission is honoring local culture, and building community capacity as well as funding direct services.

- d. Have these strategies resulted in greater access to services and higher quality of services for these communities or groups? If so, describe how.

*The **Tahoe Truckee Dental Program** has resulted in the Latino community having greater access to pediatric dental services. Also community members are more educated about the need for early detection and preventative care both for children and for parents. Also, as a result of this program more dental resources exist in the community especially those provided through the County Dental Clinic. The program is "owned" by the community and all decisions on program delivery are informed by outcome data for that program which is reviewed periodically to check in on achievement of the programs outcomes*

*The **Kid Zone** is another example of a community owned and operated program. The entire operation is built on community involvement and oversight. As a result of this ownership, the community now has a recognized place for families with children 0-5 years to interact, learn, and help each other. The program breaks ethnic barriers daily by intentionally providing English - Spanish translations and making sure that staff assigned to work at the program includes a mix of English and Spanish speakers.*

*The **School Readiness** programs partnership with the Family Resource Center at Kings Beach, Lake Tahoe has created greater access to services for the Spanish-speaking population and provided a way for the Spanish-speaking population to be directly involved in the way early literacy services are provided at Kings Beach Elementary School.*

4. Program Highlights

First 5 –Placer contracted with thirty-two organizations in fiscal year 2004-05. To pick any one of them to highlight over another is always a difficult task. This section of the report requires that we mention a School Readiness Program so along with school

readiness we are also highlighting our Breastfeeding Coalition and Music Talk – a program that serves children on the Autism spectrum.

Music Talk

This program addresses the need and the opportunity to provide creative solutions for children on the autism spectrum, and for preschool children with language delay.

The program was designed for children in Placer County who are diagnosed with and placed in programs for children with autism and language delays. The program is used in preschool special education classrooms throughout Placer County.

The program focuses on children with language delays. The facilitators that provide the program are music educators that focus on involving children in music activities as a means of enhancing communication. The programs gives both parents and children another way to try to communicate with each other.

By enabling children with language delays/autism an alternative means of language and communication through the use of music, the program has identified and is achieving the following outcome:

- *There are improved communication skills between children who participate in the program and their peers, educators, and parents.*

In addition to hands on classroom activities, resources offered through the program include parent coaching meetings, take home packets (music c.d., videos, audio tapes), hands on materials for teachers, and children and parents, exposure to different types of music and musical instruments.

Trained music educators who facilitate the program in various classrooms throughout Placer County staff the program.

Music Talk has been able to assist children under five years of age to communicate through the use of music. Parent surveys and teachers' input have affirmed the success of the program based on improved language skills in the home and in the classroom.

Measures that are used to track achievement of outcomes are:

- *Survey results and written observations from speech language pathologist, parents, and educators.*
- *Video and audio taped recording of children communicating through music (three sample classrooms).*

The Breastfeeding Coalition of Placer County

The Breastfeeding Coalition of Placer County (BCPC) goal is to improve breastfeeding rates in Placer County at six weeks and six months postpartum. The existing data on breastfeeding incidence and duration rates for Placer County states that 64% of new mothers are initiating breastfeeding and continuing to breastfeed at discharge from the hospital. Placer County Women, Infant and Children's program data reports at three months 43% of mothers are breastfeeding, 30% continue to breastfeed at six months and 25% are breastfeeding at one year. However, the United States Department of Health and Human Services Healthy People 2010 goals for breastfeeding call for 75% of new mothers to initiate breastfeeding, 50% to continue breastfeeding at six months and 25% to be breastfeeding at one year and Placer County falls short of these goals. There are many barriers that affect this data by influencing a mother's decision to continue breastfeeding.

These services are crucial within the first couple of weeks postpartum and especially on day 3 post-delivery. Continued support provided from the beginning of pregnancy up through delivery and well into the first year of life assists and empowers the mother who wishes her and her baby to experience the many benefits of breastfeeding.

All programs offered by BCPC utilize evidence based practice and research. It has been well documented that breastfeeding is the preferred method of infant feeding. Breast milk has a protective factor against many illnesses and conditions. In addition, breastfeeding has also been related to possible enhancement of cognitive development. The fats found in breast milk encourage optimal brain development. In addition, breastfeeding promotes mother-infant attachment and bonding leading to improved family functioning. Breastfeeding also has positive effects on the mother's health, which influences a family's functioning. It has been found to reduce the risk of several cancers and improve bone density.

The breastfeeding assistance program is designed to assist children 0-5 and their families, more commonly their mothers. By assisting mothers to breastfeed, BCPC is able to help babies receive the many benefits of breastfeeding that contribute to improved infant and child health, improved child development, improved brain development (as evidenced by higher IQ and increased motor skills), strengthened mother-child bonding and improved family interaction.

The program focuses on the needs of the breastfeeding dyad. Both mother and baby's needs are considered in the development of an appropriate plan of care. BCPC contracts with specially trained staff, International Board Certified Lactation Consultants to meet the specific needs of the breastfeeding dyad. In addition, all support staff (volunteer nursing students) are specially trained. Lastly, to ensure continuity of care, all health care professionals involved in case are informed as to the plan of care. The success indicators for the program are:

- *Increasing breastfeeding support available to breastfeeding mothers living in Placer County.*

- *Increasing breastfeeding rates at 6 weeks and 6 months postpartum among breastfeeding women who use the Coalition's services.*
- *Increasing clinical lactation training available to future and existing health care professionals, thereby widening the circle of support available to breastfeeding mothers.*
- *Increasing the education of community members in regards to breastfeeding thereby widening the circle of support available.*

Data collected as of 5/31/05 indicates that 67% of the women who utilized these services were still breastfeeding at 6 weeks. Of those who were contacted for a 6-month follow-up, 67% were still breastfeeding. These rates surpass the United States Department of Health and Human Services Healthy People 2010 goals for breastfeeding. They are also higher than the rates available from Placer County Women, Infants and Children program of 43% of women breastfeeding at 3 months and 30% breastfeeding at 6 months. In addition, 100% of the mothers who utilized these services found them to be helpful and to be provided in a professional manner.

Outreach regarding these services is performed through local obstetricians caring for potential clients, child birth and breastfeeding classes, the Women, Infant and Children program, and mother's groups.

Mothers who utilize BCPC services are contacted at 6 weeks and 6 months postpartum and asked to complete a brief outcome survey. The program uses CSUS nursing students, lay breastfeeding counselor and students working toward degrees in lactation to complete these surveys by telephone. Data is compiled through the use of an Access database.

Kings Beach School Readiness - Kinderclub

Collaboration between the Kings Beach Elementary School and the Boys and Girls Club of North Lake Tahoe created School Readiness Kinderclub, which provides Spanish-speaking Kindergartners with a safe, structured and enriching environment to stimulate their language and literacy development, as well as their social and emotional growth. Early literacy events focus all the young Spanish speaking children in the community and their parents or caregivers.

The program has been tailored to meet the needs of the families in the Kings Beach community, including those that deal with the many risk factors that initially identified Kings Beach as a School Readiness site. These include, low-maternal education levels, high teen pregnancy rates, second language issues, social and cultural isolation, all compounding the daily struggle these family's have in meeting basic needs. As stated above, many of the services and resources are directed at the adults in the families to provide them with the tools, resources and opportunities they need to be their child's 'first and most important teacher', and in that regard, indirectly supports the children. There are, however, important aspects of Making Connections

such as Kinderclub, and the early literacy events and family literacy activities, which provide valuable direct services to children.

8. **County Commission Profile.** Please indicate below whether you would like SRI International to prepare your County Commission profile or your County Commission is preparing its own draft profile. If your County Commission wants to prepare its own profile, please follow directions provided in the **County Commission Profile Guidelines**.

☐ My County Commission is preparing and attaching a draft of its own profile, using the **County Commission Profile Guidelines**.

☒ SRI International should prepare a draft of my County Commission's profile.

9. **County Commission Funding Priority Outcomes and Indicators.** Please indicate on the following chart the outcomes that were local funding priorities in fiscal year 2004-05.

County Commission Funding Priority Outcomes and Indicators

Directions: Please check all the outcomes listed below that were local funding priorities in fiscal year 2004-05. The associated population-based and core participant indicators do not need to be marked.

Funding Priority Outcome	Population-Based Data	Core Participants	
		Key Indicators	Elective Indicators
<input checked="" type="checkbox"/> Children are born healthy.	<ul style="list-style-type: none"> • Infant survival rate • Number and percentage of births at low birth weight • Number and percentage of births at very low birth weight • Number and percentage of live births in which mothers received late or no prenatal care 	<ul style="list-style-type: none"> • Number and percentage of births at low birth weight • Number and percentage of births at very low birth weight • Number and percentage of live births in which mothers received late or no prenatal care 	
<input checked="" type="checkbox"/> Children receive preventive and ongoing regular health care.	<ul style="list-style-type: none"> • Number and percentage of children who receive the recommended vaccines for their age • Number and percentage of children with a regular medical home • Number and percentage of children who have health insurance 	<ul style="list-style-type: none"> • Number and percentage of children who receive the recommended number of well-baby and child checkups by age 2 • Number and percentage of children with a regular medical home • Number and percentage of children who have health insurance 	<ul style="list-style-type: none"> • Number and percentage of children who receive the recommended vaccines for their age
<input checked="" type="checkbox"/> Children are in healthy and safe environments.	<ul style="list-style-type: none"> • Number and rate of nonfatal injuries to children ages 0 to 5 requiring medical advice or treatment 		

Funding Priority Outcome	Population-Based Data	Core Participants	
		Key Indicators	Elective Indicators
<input checked="" type="checkbox"/> Children are healthy and well nourished.	<ul style="list-style-type: none"> • Number and percentage of children whose parents rate them to be in very good or excellent health • Number and percentage of women who are breastfeeding at time of hospital discharge/ 6 weeks or more/6 months or more • Number and percentage of children 0 to 5 years of age who are in the expected range of weight for their age 	<ul style="list-style-type: none"> • Number and percentage of women who are breastfeeding at time of hospital discharge/ 6 weeks or more/6 months or more 	<ul style="list-style-type: none"> • Number and percentage of children whose parents rate them to be in very good or excellent health • Number and percentage of children 0 to 5 years of age who are in the expected range of weight for their age
<input checked="" type="checkbox"/> Children have good oral health.	<ul style="list-style-type: none"> • Number and percentage of children age 3 or older who receive annual dental exams • Number and percentage of children who have dental insurance 	<ul style="list-style-type: none"> • Number and percentage of children age 3 or older who receive annual dental exams 	<ul style="list-style-type: none"> • Number and percentage of children ages 0 to 5 years who have dental insurance

Funding Priority Outcome	Population-Based Data	Core Participants	
		Key Indicators	Elective Indicators
<input checked="" type="checkbox"/> Children are free of smoking-related illnesses.		<ul style="list-style-type: none"> • Number and percentage of children who live in households where no adults smoke • Number and percentage of women who did not smoke during pregnancy 	
<input checked="" type="checkbox"/> Children have access to high-quality early care and education.	<ul style="list-style-type: none"> • Number of licensed center child care spaces per 100 children • Number of licensed family child care slots per 100 children • Number of Head Start slots per 100 low-income children • Number and percentage of licensed center child care spaces for children with special needs 		
<input checked="" type="checkbox"/> Children participate in early childhood education programs.	<ul style="list-style-type: none"> • Number and percentage of children ages 0 to 5 who regularly attended a nursery school, pre-kindergarten, or Head Start program by the time of kindergarten entry • Percentage of children with special needs who participate in early childhood care and education programs 	<ul style="list-style-type: none"> • Number and percentage of children ages 0 to 5 who regularly attended a nursery school, pre-kindergarten, or Head Start program by the time of kindergarten entry • Percentage of children with special needs who participate in early childhood care and education programs 	

Funding Priority Outcome	Population-Based Data	Core Participants	
		Key Indicators	Elective Indicators
<input checked="" type="checkbox"/> Children receive early screening/intervention for developmental delays, disabilities, and other special needs.	<ul style="list-style-type: none"> Number and percentage of children identified as having special needs by the time of kindergarten entry 	<ul style="list-style-type: none"> Number and percentage of children identified as having special needs by the time of kindergarten entry 	<ul style="list-style-type: none"> Number and percentage of children under age 3 who receive a developmental screening from their primary care provider Number and percentage of children identified with disabilities who receive developmental services by the time of kindergarten entry
<input checked="" type="checkbox"/> Children enter kindergarten “ready for school.”	Number and percentage of children entering kindergarten ready for school as determined by assessments completed by teachers and parents that indicate the child is ready in the areas of cognitive, social, emotional, language, approaches to learning, and health/physical development		<ul style="list-style-type: none"> Number and percentage of children who participate in school-linked transitional practices
<input checked="" type="checkbox"/> Children live in home environments supportive of optimal cognitive development.	<ul style="list-style-type: none"> Number and percentage of families who report reading or telling stories regularly to their children, 3 to 5 years of age 	<ul style="list-style-type: none"> Number and percentage of families who report reading or telling stories regularly to their children, 3 to 5 years of age 	

Funding Priority Outcome	Population-Based Data	Core Participants	
		Key Indicators	Elective Indicators
<input checked="" type="checkbox"/> Children are safe from intentional injuries in their homes and communities.	<ul style="list-style-type: none"> • Number and percentage of children with substantiated or confirmed (open) cases of child abuse • Number and percentage of child maltreatment in which there is a recurrence within a 6-month period 		
<input checked="" type="checkbox"/> Fewer teens have babies, and more parenting teens delay subsequent pregnancies.	<ul style="list-style-type: none"> • Number and rate of births to young teenage mothers 		<ul style="list-style-type: none"> • Number and rate of births to young teenage mothers
<input type="checkbox"/> Families are self-sufficient.	<ul style="list-style-type: none"> • Number and percentage of children living in poverty 		<ul style="list-style-type: none"> • Number and percentage of children living in poverty • Number and percentage of parents reporting food security (i.e., no hunger, as opposed to moderate or severe hunger) • Number and percentage of children who move more than once in a year • Number and percentage of mothers who completed high school or its equivalent
<input checked="" type="checkbox"/> Parents provide nurturing and positive emotional support to their children.			<ul style="list-style-type: none"> • Number and percentage of mothers screened for depression

Funding Priority Outcome	Population-Based Data	Core Participants	
		Key Indicators	Elective Indicators
<input type="checkbox"/> Children achieve permanency.	<ul style="list-style-type: none"> • Number and percentage of children 0 to 5 years of age who have lived in foster care within the past year • Number and percentage of children 0 to 5 years of age in foster care who are placed in a permanent home 		